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Substitute for form 1449A/PTO Complete if Known **Application Number** INFORMATION DISCLOSURE Filing Date STATEMENT BY APPLICANT First Named Inventor Lampert et al. Group Art Unit (use as many sheets as necessary) Examiner Name Sheet 1 of 1 Attorney Docket Number AFD 504

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Examiner Initials*	Cite	U.S.	Patent Do	cument		entee or Applicant	Date of Publication		Pages, Columns, Lines, Where Relevant		
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